

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**OFFICE OF THE UNITED  
STATES ATTORNEY  
CIVIL PROCESS CLERK  
310 FIRST STREET, SW  
ROANOKE, VA 24011**

7:24-cv-481



9590 9402 5968 0062 7487 57

2. Article Number (*Transfer from service label*)

7019 2280 0000 3182 3697

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*A.J. M.*

Agent  
 Addressee

## B. Received by (Printed Name)

*Anthony Martinez*

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery